

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							51							
2								52							
3								53							
4								54							
5								55							
6		①						56							
7								57							
8								58							
9								59							
10								60							
11								61							
12								62							
13								63							
14								64							
15		3						65							
16		3						66							
17		①						67							
18		3						68							
19		3						69							
20		①						70							
21		3						71							
22		3						72							
23		3						73							
24		3						74							
25		1						75							
26		3						76							
27		1						77							
28		1						78							
29		1						79							
30		①						80							
31		①						81							
32		3						82							
33		3						83							
34		3						84							
35		3						85							
36		①						86							
37		①						87							
38		①						88							
39		3						89							
40		1						90							
41	1							91							
42	1							92							
43								93							
44								94							
45								95							
46								96							
47								97							
48								98							

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